



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
Insurance Division - Self-Insurance – Surplus Lines Section  
500 James Robertson Parkway, 4th Floor  
Nashville, Tennessee 37243-1132

**APPLICATION FOR SURPLUS LINES AGENT’S LICENSE**

To the Commissioner of The Department of Commerce and Insurance, State of Tennessee, I hereby apply for Surplus Lines Agent’s License:

1. Name \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Resident Address: \_\_\_\_\_
4. Business Address: \_\_\_\_\_
5. Phone Number(s): \_\_\_\_\_  
Home Business

I hereby certify that I hold a valid property and casualty insurance agent license from The Tennessee Department of Commerce and Insurance.

My Insurance Agent License number is \_\_\_\_\_

Witness my signature on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**LICENSE FEE OF \$60.00 MUST BE ENCLOSED**

NOTE: All correspondence will be mailed to your business address  
POST OFFICE BOX NUMBERS ARE ACCEPTED